

## **CONTRACTORS LICENSE APPLICATION RECIPROCITY INFORMATION**

The State of Arkansas has entered into reciprocal agreements with the states of Tennessee, Mississippi, Alabama, and Louisiana in order to allow qualified contractors the ability to move from state to state in the least restrictive manner. This agreement does not minimize the ability of the State of Arkansas to investigate the applicant in any way. This agreement does not relieve the contractor of the responsibility of furnishing any necessary information to the Contractors Licensing Board State of Arkansas as required.

In order to consider reciprocity when submitting an application for a contractor license in the State of Arkansas the following requirements must be met:

1. A contractor must complete and submit an application along with all financial requirements and must have been licensed and domiciled at least 3 years within the state of which you are seeking reciprocity.
2. The applicant must show proof when submitting the application of licensure in that state by providing the completed out of state verification form. The Contractors Licensing Board State of Arkansas retains the authority to require all necessary information by an applicant to show cause for the issuance for a contractors license in this state.
3. The applicant must complete the ***Request for Verification of License and the Affidavit***.  
***The affidavit must be filled in, be dated, signed by you, with notary signature and notary seal. When the affidavit is completed send it to this office at:***

***Contractors Licensing Board  
4100 Richards Road  
North Little Rock, AR 72117***

4. You as the contractor are responsible to send the Verification of License form to the verifying state, for the contractors licensing board in that state to complete the bottom section. You are also responsible to get that completed form to us.

*Those applicants applying for Plumbing, Electrical, HVACR or other classifications where a trade exam may be applicable will be required to meet all requirements of the particular agency involved.*

## **Affidavit**

I, \_\_\_\_\_, state an oath and affirm:  
*(Name)*

1. I am \_\_\_\_\_ of \_\_\_\_\_.  
*(Position) (Name of Company)*  
I am currently a licensed contractor under the laws of \_\_\_\_\_.  
*(State)*  
I have been a licensed contractor for \_\_\_\_\_ years.
2. I am seeking to be licensed as a contractor in the State of Arkansas under its reciprocal agreement with \_\_\_\_\_. I certify that I meet all requirements of the reciprocal agreement.  
*(Name of state)*
3. Although I am not required to pass a Business and Law Examination before becoming licensed in Arkansas, I recognize that I am not exempted from the laws of the State. By executing this affidavit, I agree to comply with all laws and regulations of the State of Arkansas and its agencies, including the Department of Finance and Administration, Employment Security Division, Workmen's Compensation, and all other applicable agencies.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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*(Name of Affiant)*

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

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*Notary*

## **REQUEST FOR VERIFICATION OF LICENSE**

1. *Instructions to Applicant for Verification: Insert your name and address and complete the top portion of this request. The verifying agency will mail the completed verification.*

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

I am requesting licensure in the State of Arkansas as a \_\_\_\_\_. I am/have been licensed in the State of \_\_\_\_\_ under the following:

Name \_\_\_\_\_  
FIN/SSN # \_\_\_\_\_  
License # \_\_\_\_\_

Please verify my licensure in your state.

\_\_\_\_\_  
Signature of Applicant

## **VERIFICATION OF LICENSE**

2. *To Verifying State: Please furnish the information requested. Sign and verify the document.*

It is hereby verified that \_\_\_\_\_ was first licensed by the state of \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ as follows:

License # \_\_\_\_\_ Current Status \_\_\_\_\_ Classification \_\_\_\_\_

### *Additional Classifications and Effective Dates of Licensure*

Classification: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Classification: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Classification: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed By:  Waiver  
 Exam (Types of Exams: \_\_\_\_\_)  
 Endorsement from what state \_\_\_\_\_

Disciplinary Action: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Agency \_\_\_\_\_